

# COUNTY OF HUNTINGDON AND PETERBOROUGH



## ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER

FOR THE YEAR

1965.



G. NISBET, M.B., Ch.B.(Ed.), D.P.H., R.C.S.(Ed.)



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# COUNTY OF HUNTINGDON AND PETERBOROUGH

## Health Committee

### Chairman

County Councillor K.C. Archer

### Vice-Chairman

County Alderman P. Adams

The Chairman of the Council	- County Alderman Dr. Jack Hunt	} ex-officio
The Vice-Chairman of the Council	- County Alderman The Right Hon. Lord Hemingford	
The Chairman of the Finance Committee	- County Councillor J.R.D. Huckle	

### County Alderman:

Mrs. A. Philpot

### County Councillors:

W.B. Carter	J.H. Pinner
E.G. Childs, M.B.E.	E.A.M. Sack
W.R. Chilman	Miss E.W. Scott, M.B.E.
Mrs. G.N. Hall	J.C.S. Spry-Leverton, M.D., M.S., F.R.C.O.G.
J.H. Hoefkens	J.W. Taylor
G. Matthews	H.M. Weaver, M.B., Ch.B.

### Co-opted Members:

One Representative of the Health Executive Council: Dr. E.R. Dansie.  
 Two Representatives of the Local Medical Committee:  
 Dr. J.G. Inglis, Dr. J.K. Paterson

### Mental Health Sub-Committee

#### *Chairman*

County Alderman Mrs. A. Philpot

The Chairman and Vice-Chairman of the Council	}	ex-officio
The Chairman and Vice-Chairman of the Health Committee		

#### *County Councillors:*

Mrs. G.N. Hall	E.A.M. Sack
G. Matthews	Miss E.W. Scott, M.B.E.
J.H. Pinner	J.W. Taylor
H.M. Weaver, M.B., Ch.B.	

#### *Co-opted Members:*

P.S. North, Esq., Chairman of Peterborough & District Society for Mentally Handicapped Children

Mrs. E.E. Walkey, Chairman of St. Ives & District Society for Mentally Handicapped Children

### Ambulance Sub-Committee

#### *Chairman:*

County Alderman P. Adams

The Chairman and Vice-Chairman of the Council	}	ex-officio
The Chairman of the Health Committee		

#### *County Alderman:*

Mrs. A. Philpot

#### *County Councillors:*

W.R. Chilman	G. Matthews
Mrs. G.N. Hall	J.H. Pinner
J.H. Hoefkens	J.C.S. Spry-Leverton, M.D., M.S., F.R.C.O.G.

#### *Co-opted Members:*

Chairman and Vice-Chairman of Fire Services Committee

### Registration of Child Minders and Nursing Homes Sub-Committee

The Chairman and Vice-Chairman of the Council	}	ex-officio
The Chairman and Vice-Chairman of the Health Committee		

County Alderman Mrs. A. Philpot

County Councillor Miss E.W. Scott, M.B.E.



**STAFF**

*County Medical Officer:*

George Nisbet, M.B., Ch.B., D.P.H.

*Deputy County Medical Officer:*

Jean D. McKellar, M.B., B.S.

*Assistant County Medical Officers and Medical Officers of Health of  
County Districts*

James Caldwell, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.

Philip V. Cant, M.B., Ch.B., D.P.H.

John B. Stafford, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.

*Assistant County Medical Officers:*

Marjorie I. Kemp, M.B., Ch.B.

Anne M. Valle, L.R.C.P. & S., D.Obst., R.C.O.G.

*Chest Physicians (part-time):*

C.E.P. Downes, M.R.C.P.

G.B. Royce, B.S., M.B., Ch.B.

*Senior Dental Officer:*

*(Schools and maternity and child welfare services)*

P.I. Christensen, L.D.S., B.D.S.

*Area Dental Officer:*

Vacancy

*Inspector under the Food and Drugs Act:*

R.E. Kilsby, M.I.W.M.A.

*Ambulance Officer:*

W.M. Bunday, M.B.E.

*Tuberculosis Care and After-Care Health Visitors:*

Mrs. F. Gorton  
Miss E. Griffiths

*Orthopaedic Physiotherapist:*

Miss S.A. Sherwood

*Domestic Help Organiser:*

Mrs. S.S. Fish (Resigned 12.11.1965)  
Mrs. G.L. Pentelow (Commenced 1.1.1966)

*Assistant Domestic Help Organiser (part-time)*

Mrs. J.E. Leaman (Commenced 1.4.1965)

*Welfare Workers for the Care of the Unmarried Mother:*

Miss E.L. Rayner  
Mrs. W. Taylor

*Mental Welfare Officers:*

W.J. Bushell  
F. Olsen (Commenced 8.11.1965)  
J.W. Pettit (Resigned 31.12.1965)  
G.A. Sorrell (Commenced 13.12.1965)  
Mrs. L.C. Turek (Resigned 30.9.1965)

*Mental Welfare Officer/District Welfare Officer:*

S. Cock (Transferred to full-time District Welfare Officer 1.4.1965)

*Superintendent Nursing Officer:*

Miss K.M. Selby

*Deputy Superintendent Nursing Officer:*

Miss I.M. Worsfold (Resigned 31.1.1965)  
Miss M.R. Scrivener (Commenced 1.2.1965)

*Health Visitors*

Miss J. Allen	Miss M.J. Harrison (Commenced 3.5.1965)
Miss K.E. Bowers	Mrs. M.G. Hewlett (part-time)
Mrs. J. Bryson (Commenced part-time 1.4.1965)	Mrs. C.I. Johnson
Mrs. N.P. Buxton	Mrs. P.D. McFarlane
Miss L. Capel (Commenced 3.5.1965)	Miss E. Pelbrough
Miss O. Evans	Miss M.R. Scrivener (Appointed Deputy Superintendent Nursing Officer 1.2.1965)
Mrs. D.M. Fordham	Miss M.E.C. Simpson
Mrs. M. Gibbons (Commenced 24.8.1965)	Miss J.E.K. Watkins (Resigned 22.4.1965)
Mrs. J. Harrington (Resigned 30.9.1965)	

*Chief Administrative Assistant:*

R.E. Killick



*To the Chairman and Members*

*of the Huntingdon and Peterborough County Council.*

Mr. Chairman, My Lords, Ladies and Gentlemen,

I have the honour to present the first Annual Report on the state of the public health and of the work of the Health Department of the County of Huntingdon and Peterborough for the year 1965.

The preparation of statistics for this year is very complicated, as for the first three months of the year the Soke of Peterborough County Council was in being, dealing with the City of Peterborough and the two Rural Districts of the Soke, as was the County of Huntingdonshire. On April 1st, 1965, on the amalgamation of the Soke of Peterborough County Council and Huntingdonshire County Council, delegated health and welfare powers were granted to the City of Peterborough, which now compiles its own statistics. Also, from the Isle of Ely County area came the Thorney Rural District into the new County. Further, in the south added to the new County were certain areas including part of the parish of Eaton Socon and Tetworth. Therefore, to ensure accuracy in the statistics for the whole County for the whole year has entailed more work than one hopes will occur in the future.

In order to comply with the requirements of the Ministry of Health the statistics for the Administrative County in this report are for the twelve months ended 31st December, 1965, and, where applicable, the statistics for the City of Peterborough are given for the nine months commencing April 1st, the date on which the City became responsible for certain delegated functions. In future it is anticipated that the tables will be given for the County area, excluding the City, with separate tables for the City of Peterborough for those services where the City have delegated responsibility, in addition to those for the Administrative County.

The amalgamation of the two Counties entailed considerable staff movements in the Health Department. In the Soke of Peterborough County Council the Health and Welfare Department was one unit with all members of the staff working on health and welfare matters. There was no division, even within the Department, between health and welfare. The County of Huntingdonshire had a separate Health Department and a Welfare Department. This was maintained in the new County and a division had, therefore, to be made in the staff of the old Soke of Peterborough, which could have been quite difficult. However, the City of Peterborough were given delegated health and welfare responsibility and what, in fact, actually happened was that the majority of the employees of the Health Department of the Soke of Peterborough County Council were transferred to the City of Peterborough Health Department staff, where the integration of health and welfare remains.



During the year 1965, following the amalgamation, staff difficulties, particularly those of midwives and health visitors, became acute and to cover the whole new County adequately became a big administrative problem. Much good work, entailing a lot of extra duties, was willingly carried out by those members of the staff remaining, and particularly I would like to mention, in this connection, the work of the Superintendent Nursing Officer and her Deputy. By the end of the year, fortunately, staff recruitment improved and I am able to report that at the time of writing this report we are now up to full establishment in that field.

Luckily during this year no major epidemics have occurred as have no major incidents. The fear of having one or the other, was constantly with us when staff was in short supply.

Much preparatory work prior to the amalgamation was, as can be appreciated, necessary and inevitably there were additional administrative duties in the early stages of the Health Services of this new County. My personal thanks are especially due to Mr. R.E. Killick and Mr. J.A. Dunford.

In June of this year much good service was rendered before and during the Mental Health Week which was nationally organised by the National Association for Mental Health and the National Society for Mentally Handicapped Children. Unfortunately, this coincided with a week of excellent weather and attendances were low. I must, however, state that the Consultant Psychiatrists, whose clinics cover the County, and the Mental Welfare Officers really did a first class job to bring the problems of mental health before the public. Many lessons, which should prove of value during further health campaigns, were learned.

During the year, further accent has been placed on the importance of regular screening tests carried out by members of the Department's staff. All children born are tested for phenylketonuria, the tests being carried out in conjunction with the hospital maternity units. Every member of the health visiting and midwifery staff have been instructed in the detection of congenital hip disease, and all health visitors and school nurses on the screening of babies for early detection of deafness. Further procedures are planned for the coming year, particularly in co-operation with the general practitioners.

In the Soke of Peterborough every general practitioner had health visitor attachments. Due to the rural nature of the County of Huntingdonshire, and certain staff difficulties, such attachments were not general. However, these are now being implemented and all general practitioners now have their own health visitor, district nurse and midwife attachments. As these associations become more accepted it has been interesting to receive from certain general practitioners requests for discussions on the joint use of premises, both that the Local Authority might use general practitioners premises and in several more instances that general practitioners could use Local Health Authority clinics. This joint user arrangement is becoming quite widespread for the holding of ante-natal clinics



and it is hoped that this will largely continue throughout the County. If a satisfactory service is to be given by the Local Health Authority staff, it is important that they work in the closest co-operation with the general practitioners.

At the amalgamation of the Counties different policies in relation to the holding of infant welfare clinics and the sale of special foods therein had to be worked out. Generally speaking, the policy in the Soke of Peterborough had been to hold clinics frequently and in every village, the policy being to hold the clinic within pram pushing distance if at all possible. Welfare foods, both government and proprietary, were sold in large quantity and variety and what was provided was dependent on the demands as considered necessary by the general practitioner, the health visitor and the district nurse of the village, taking into account what was available in the village stores. In Huntingdonshire the policy, generally speaking, was to build new large general purpose clinics and to bring the mothers and children by bus from the surrounding villages and areas into those clinics, such having been built at Huntingdon, St. Ives, St. Neots and Stanground, with the old Isolation Hospital at Ramsey and the centre at Old Fletton. Not many proprietary foods were stocked. To get a uniform policy was quite difficult and a Special Sub-Committee of the Health Committee visited all the centres throughout the County. The main finding of this Special Committee was that the buildings in which infant welfare clinics were held in many of the villages were not altogether satisfactory, particularly so in the light that health education was the main object, a very difficult topic to teach, in sub-standard premises. I am deeply grateful to this Committee for the many hours of travelling and meetings which assisted greatly in the several administrative difficulties which had arisen.

Shortage of midwifery beds in the Maternity Units of the County, located at Huntingdon and Peterborough, has entailed almost routine regular early discharge of maternity cases, the 48-hour discharge probably being the major type of case to be handled for the next few years. This has brought certain problems concerning the domiciliary midwives, in that they no longer conduct the confinement itself in many cases, only carrying out the maternity nursing. In not conducting so many confinements themselves, many have felt their work less satisfying, considering their qualifications, interest, etc. I am happy to report that the Regional Hospital Board's plans propose that there should be an increase in maternity beds in the Units during the next few years.

The appointment of Dr. G.E. Roberts, as Medical Superintendent of the Ida Darwin Hospital for the Mentally Subnormal, Cambridge, has made a great difference to the services available for this type of patient in the County, in that he has taken upon himself the duty of making himself familiar with all the cases on the waiting list for institutional care and those attending the Training Centres in the County. This co-ordination of the work and the co-operation he has shown to myself and to my mental welfare staff has been greatly appreciated.

I would like to express my great appreciation and thanks to the Chairman of my Health Committee, County Councillor K.C. Archer, and many of the Members, for the work they have done, and to all for their interest and co-operation with me and my staff, which one has found most encouraging, particularly in this first year.

Finally to all those members of the staff, including Dr. J.D. McKellar, who have assisted me in the compilation of this report, I tender my grateful thanks.

I have the honour to be,

Your obedient servant,

G. NISBET,

*County Medical Officer.*

*December, 1966.*



## GENERAL INFORMATION

The scheme of amalgamation of the County of Huntingdonshire and the Soke of Peterborough came into effect on the 1st April, 1965. In addition to the amalgamation of the two old Counties, Thorney Rural District, which was formerly part of the Isle of Ely, and part of the Parish of Eaton Socon, which was in Bedfordshire, were transferred to the new County, the latter forming part of St. Neots Urban District.

Under the scheme, the City of Peterborough was granted delegated powers for the administration of certain health services in the City.

On the 31st December, there were within the County three non-County Boroughs - Peterborough, Huntingdon and Godmanchester, and St. Ives; three Urban Districts - Old Fletton, Ramsey and St. Neots; and also seven Rural Districts - Barnack, Huntingdon, Norman Cross, Peterborough, St. Ives, St. Neots and Thorney.

The area of the Administrative County at the 1st April, 1965, was 310,863 acres.

The rateable value on the 1st April, 1965, was £6,163,256 and the product of a penny rate for 1965-66 was £25,863.

## STATISTICAL INFORMATION

## POPULATION

The Registrar-General's estimate of the mid-year population of the Administrative County is 179,160, made up as follows:-

City of Peterborough 65,300, all other Municipal Boroughs, Urban and Rural Districts 113,860.

TABLE I

Administrative County	179,160
Municipal Boroughs & Urban Districts	111,080
Huntingdon and Godmanchester M.B.	12,770
Old Fletton U.D.	12,480
Peterborough M.B.	65,300
Ramsey U.D.	5,780
St. Ives M.B.	4,850
St. Neots U.D.	9,900
Rural Districts	68,080
Barnack R.D.	6,400
Huntingdon R.D.	14,820
Norman Cross R.D.	10,200
Peterborough R.D.	9,000
St. Ives R.D.	16,800
St. Neots R.D.	8,290
Thorney R.D.	2,570



## BIRTHS

There were 3,409 births attributed to residents of the County of Huntingdon and Peterborough, 1,209 of which related to residents of the City of Peterborough and 2,200 to residents in the County Districts.

Illegitimate live births (per cent of total live births) was 5.9.

The Standardised Birth Rate for the County was 18.3 compared with 18.1 for England and Wales. In Huntingdon and Godmanchester Municipal Borough, where there is a town expansion scheme and the population has a high proportion of young people, the net Birth Rate was 26.9 per thousand and Standardised Rate 21.8. The Birth Rate in this Borough is the highest in the County.

Old Fletton Urban District has the lowest Birth Rate in the County and here the Standardised Rate was 15.8 followed by St. Ives Rural District where the Standardised Rate was 17.3. The City of Peterborough has a Standardised Rate of 17.6 which is also less than that for England and Wales.

## STILLBIRTHS AND DEATHS IN THE FIRST YEAR OF LIFE

The number of stillbirths in the County was 66, giving a rate of 19 per thousand live and still births. This compares unfavourably with the figure of 15.7 for England and Wales. It is, however, offset by the low neo-natal mortality in the County, the figure of 8.5 comparing favourably with that of 13.0 for England and Wales. The perinatal mortality (stillbirths and deaths under one week) was the same as England and Wales, 26.8 per thousand live and still births.

The Infant Mortality Rate in the Administrative County compared favourably with that of England and Wales, the figure for England and Wales being 19 per thousand live births and that for the County 14.4.

The numbers in the various categories of statistics in this Section are small and the rates per thousand will fluctuate from year to year.

## DEATHS

The number of deaths attributed to the Administrative County of Huntingdon and Peterborough was 1,691. The deaths in the County Districts numbered 943. There were 748 deaths of residents of the City of Peterborough.

The Standardised Death Rate for the Administrative County was 10.6 compared with 11.5 for England and Wales. The lowest Death Rates were in the Rural District of St. Neots and in Huntingdon and Godmanchester Borough, the respective figures being 9.0 and 9.2 per thousand population. The highest Death Rate was 12.9 per thousand population in Thorney Rural District.

Deaths from coronary disease and angina numbered 342. 96 of these deaths occurred before the age of 65. It is recognised that stress and strain and lack of exercise are contributory causes of coronary diseases, which occur particularly in those who are overweight and who are addicted to cigarette smoking. The trend now is for working hours to become shorter and a five day week is commonplace. Health Education must be directed towards teaching the public how to use this increased leisure to the best advantage for the health of body and mind, thus preventing some of the premature deaths from coronary disease. Not only does the motor car claim victims from accidents, but it discourages exercise, and the congested roads subject the motorist to additional stress and frustration. Whether society could be educated to change their weekend habits to permit more time for mental relaxation and increased physical activities is questionable at the present time, but correction of one's dietary in order to reduce weight and eliminating the habit of smoking cigarettes are both points on which we must constantly advise. Preventive medicine has fresh fields to conquer in this sphere, particularly in accenting personal factors, where action can be taken.

Carcinoma of the lungs and bronchus accounted for 73 deaths. Here medical opinion throughout the world associates these deaths, in the vast majority of cases, with excessive cigarette smoking, and therefore one could say that in the majority of cases this is a preventable disease. The tragedy is that the majority of these deaths occurred in men below the age of 60.

76 deaths were due to accidents, just over half of them following accidents in the home. Health education, both in the prevention of road accidents and in home safety, is a subject in which we must all play a part, and not only for the very young but also for the older people.

#### Maternal Mortality.

It is regrettable that three deaths associated with childbirth and pregnancy occurred within the County during 1965.

One case was due to a ruptured ectopic pregnancy and the circumstances of the death were such that it is difficult to see how it could have been prevented.

The second case was delivered in hospital and died from post-partum haemorrhage. The patient suffered from fibrinogenaemia, a rare blood disease in which the blood fails to clot.

The third death was caused by a bilateral pulmonary deep-vein thrombosis. It was disclosed at the post mortem that the patient was in the early stages of pregnancy and the Registrar-General assigned this death as associated with pregnancy.



The following table sets out the standardised birth rates and death rates of the Urban and Rural Districts compared with England and Wales.

TABLE 2

	<i>Birth Rate</i>	<i>Death Rate</i>
	<i>1965</i>	<i>1965</i>
Urban Districts	18.2	10.9
Rural Districts	18.6	10.0
County of Huntingdon and Peterborough	18.3	10.6
England and Wales	18.1	11.5

The following table is given at the request of the Ministry of Health and sets out certain vital statistics relating to mothers and infants.

TABLE 3

<i>Live Births</i>	
Number	3,409
Net Rate per 1,000 population	19.0
<i>Illegitimate Live Births</i> (per cent of total live births)	5.9
<i>Stillbirths</i>	
Number	66
Rate per 1,000 total live and still births	19.0
<i>Total Live and Still Births</i>	3,475
<i>Infant Deaths</i> (deaths under one year)	49
<i>Infant Mortality Rates</i>	
Total infant deaths per 1,000 total live births	14.4
Legitimate infant deaths per 1,000 legitimate live births	14.7
Illegitimate infant deaths per 1,000 illegitimate live births	10.0
<i>Neonatal Mortality Rate</i>	
(Deaths under four weeks per 1,000 total live births)	8.5
<i>Early Neonatal Mortality Rate</i>	
(Deaths under one week per 1,000 total live births)	7.9
<i>Perinatal Mortality Rate</i>	
(Stillbirths and deaths under one week combined per 1,000 total live and still births)	26.8
<i>Maternal Mortality</i> (including abortion)	
Number of deaths	3
Rate per 1,000 total live and still births	0.9



TABLE 4

County of Huntingdon and Peterborough - Certain Vital Statistics for the year 1965  
 compared with England and Wales

Year	Popula- tion (Mid- year estimate)	Live Births		Deaths		Infant Mortality		Neonatal Mortality		Stillbirths		Maternal Mortality	
		County	Eng- land & Wales	County	Eng- land & Wales	County	Eng- land & Wales	County	Eng- land & Wales	County	Eng- land & Wales	County	Eng- land & Wales
		No.	Rate per 1,000 Population	No.	Rate per 1,000 Population	No.	Rate per 1,000 Live Births	No.	Rate per 1,000 Live Births	No.	Rate per 1,000 Total Live & Still Births	No.	Rate per 1,000 Total Live & Still Births
1965	179,160	3,409	18.3	1,691	9.4	49	14.4	29	8.5	66	19.0	3	0.9
			18.1		11.5		19.0		13.0		15.7		0.25

NOTE: The live birth and death rates for Huntingdon and Peterborough have been adjusted for age and sex and are therefore comparable with those for England and Wales.

TABLE 5

## VITAL STATISTICS FOR THE YEAR 1965

## Urban and Rural Districts

District	Area in acres	Persons per acre	Population	Live Births				Deaths				Deaths under 1 year of age	
				No.	Net Rate	Standardising Factor	Standardised Birth Rate	No.	Net Rate	Standardising Factor	Standardised Birth Rate	No.	Rate per 1,000 reg'd births
URBAN													
Huntingdon and Godmanchester Borough	7057	1.81	12,770	344	26.9	0.81	21.8	138	10.8	0.85	9.2	5	14.5
Old Fletton Urban	4146	3.01	12,480	226	18.1	0.87	15.8	95	7.6	1.33	10.1	2	8.8
Peterborough Borough	10022	6.52	65,300	1209	18.5	0.95	17.6	748	11.5	1.01	11.6	23	19.0
Ramsey Urban	15926	0.36	5,780	104	18.0	0.99	17.8	55	9.5	1.09	10.4	1	9.6
St. Ives Borough	2326	2.09	4,850	114	23.5	0.88	20.7	46	9.5	1.23	11.7	1	8.8
St. Neots Urban	2721	3.64	9,900	205	20.7	0.89	18.4	86	8.7	1.10	9.6	3	14.6
Total for Urban Districts	42198	2.63	111,080	2202	19.8	0.92	18.2	1168	10.5	1.04	10.9	35	15.9
RURAL													
Barnack	15234	0.42	6,400	82	12.8	1.38	18.7	35	5.5	2.05	11.2	1	12.2
Huntingdon	69853	0.21	14,820	249	16.8	1.15	19.3	91	6.1	1.52	9.3	5	20.1
Norman Cross	35725	0.29	10,200	191	18.7	0.97	18.2	94	9.2	1.28	11.8	5	26.2
Peterborough	28186	0.32	9,000	183	20.3	1.01	20.5	78	8.7	1.13	9.8	-	-
St. Ives	45893	0.37	16,800	302	18.0	0.96	17.3	129	7.7	1.24	9.5	3	9.9
St. Neots	51796	0.16	8,290	151	18.2	1.07	19.5	72	8.7	1.04	9.0	-	-
Thorney	21778	0.12	2,570	49	19.1	1.04	19.8	24	9.3	1.38	12.9	-	-
Totals for Rural Districts	268665	0.25	68,080	1207	17.7	1.05	18.6	523	7.7	1.30	10.0	14	11.6
Administrative County	310863	0.58	179,160	3409	19.0	0.96	18.3	1691	9.4	1.12	10.6	49	14.4
England and Wales							18.1				11.5		19.0



TABLE 6

Table showing deaths from all causes and in Districts in the County, 1965

Cause of Death	Cause of Death at different Periods of Life											Totals	Urban Districts						Rural Districts						
	Under 4 weeks	4 weeks & under 1 year	1 & under 5	5 & under 15	15 & under 25	25 & under 35	35 & under 45	45 & under 55	55 & under 65	65 & under 75	75 & over		H'don & Godmanchester Borough	Old Fletton Urban	Peterborough Borough	Ramsey Urban	St. Ives Borough	St. Neots Urban	Barnack	Huntingdon	Norman Cross	Peterborough	St. Ives	St. Neots	Thorney
1. Tuberculosis, Respiratory												2		1											
2. Tuberculosis, Other																									
3. Syphilitic Disease																									
4. Diphtheria																									
5. Whooping Cough			1																						
6. Meningococcal Infections																									
7. Acute Poliomyelitis																									
8. Measles																									
9. Other Infective & Parastic Diseases				1																					
10. Malignant Neoplasm, Stomach																									
11. Malignant Neoplasm, Lung, Bronchus																									
12. Malignant Neoplasm, Breast																									
13. Malignant Neoplasm, Uterus																									
14. Other Malignant & Lymphatic Neoplasms																									
15. Leukaemia, Aleukaemia																									
16. Diabetes																									
17. Vascular Lesions of Nervous System																									
18. Coronary Disease, Angina																									
19. Hypertension with Heart Disease																									
20. Other Heart Disease																									
21. Other Circulatory Disease																									
22. Influenza																									
23. Pneumonia																									
24. Bronchitis																									
25. Other Diseases of Respiratory System																									
26. Ulcer of Stomach and Duodenum																									
27. Gastritis, Enteritis and Diarrhoea																									
28. Nephritis and Nephrosis																									
29. Hyperplasia of Prostate																									
30. Pregnancy, Childbirth, Abortion																									
31. Congenital Malformations																									
32. Other Defined and Ill-Defined Diseases																									
33. Motor Vehicle Accidents																									
34. All Other Accidents																									
35. Suicide																									
36. Homicide and Operations of War																									
TOTALS ALL CAUSES	29	20	11	11	19	18	37	102	255	441	748	1691	95	748	55	46	86	35	91	94	78	129	72	24	



## NATIONAL HEALTH SERVICE ACT, 1946

## HEALTH CENTRES

(Section 21)

There are no Health Centres of the type envisaged in the National Health Service Act.

## CARE OF MOTHERS AND YOUNG CHILDREN

(Section 22)

Ante-natal and post-natal care

Tables No. 7 & 8 give particulars of ante-natal and post-natal clinics, and also Mothercraft Classes. These statistics are presented in the form required by the Ministry of Health and do not include sessions held by general practitioners in clinic premises of the Local Authority or clinics held by general practitioners in their own premises with the County domiciliary midwives in attendance. Both arrangements are widely used in the County and the statistics are, therefore, not representative of the total amount of ante-natal work carried out by midwives of the Local Authority. No ante-natal clinics are held by medical officers of the Local Authority, nor do the County employ general practitioners on a sessional basis. The policy of the Council is that ante-natal care should be under the direction of the person who will be responsible for the delivery, whenever possible. The use of the co-operation card results in close liaison between hospitals, general practitioners and domiciliary midwives thus ensuring a continuity of ante-natal care.

An extension of this scheme is the arrangement whereby patients who are booked for hospital confinements, and who are likely to be discharged early, are visited by the domiciliary midwife. Not only does the midwife ascertain whether the home and social conditions are suitable for early discharge, but it gives both patient and midwife an opportunity of getting to know each other.

Mothercraft and Relaxation Classes are becoming very popular, and expectant mothers, especially the primiparae, are particularly receptive towards Health Education. Group discussions, films and visual aids, as well as talks by the Health Visitors, have also proved to be of great value.

TABLE 7

Ante-Natal and Post-Natal ClinicsCounty Area (including City of Peterborough) for the year 1965.

Number of women in attendance		Number of sessions held by				Total number of sessions in columns 3 - 6 (7)
For ante-natal examination (1)	For post-natal examination (2)	Medical officers (3)	Midwives (4)	G.P.'s employed on a sessional basis (5)	Hospital medical staff (6)	
528	-	-	326	-	-	326

City of Peterborough from 1.4.1965

Number of women in attendance		Number of sessions held by				Total number of sessions in columns 3 - 6 (7)
For ante-natal examination (1)	For post-natal examination (2)	Medical officers (3)	Midwives (4)	G.P.'s employed on a sessional basis (5)	Hospital medical staff (6)	
278	-	-	192	-	-	192

Note:- Cols. (1) and (2) do not include women in attendance at sessions held by their own general practitioners.

TABLE 8  
Ante-Natal Mothercraft and Relaxation Classes

County Area (including City of Peterborough) for the year 1965.

1	Number of women who attended during the year	(a)	Institutional booked	359
		(b)	Domiciliary booked	257
		(c)	Total	616
2	Total number of attendances during the year			3,520

City of Peterborough from 1.4.1965

1	Number of women who attended during the year	(a)	Institutional booked	128
		(b)	Domiciliary booked	54
		(c)	Total	182
2	Total number of attendances during the year			1,583



### The Unmarried Mother and Her Child

There were 201 illegitimate live births and 8 illegitimate stillbirths registered in 1965. This gives a rate of 59 per 1,000 live births compared with 77 per 1,000 Births for England and Wales.

In addition to the normal health services which are available to all expectant and nursing mothers, this Authority, together with neighbouring Local Health Authorities, participates in a scheme in which unmarried mothers can be admitted to the Mother and Baby Home, Bateman Street, Cambridge.

The Moral Welfare Worker employed by the Peterborough Diocesan Family and Social Welfare Council, Mrs. W. Taylor, has worked in the northern end of the County, which lies within the Peterborough Diocese, and the tradition laid down many years ago by what was the Peterborough Girls' Help Society, has been maintained, working in very close liaison with the Health Departments of the City and of the County, and the Children's Department.

The Moral Welfare Worker, Miss E.L. Rayner, in the service of the Ely Diocesan Association for Moral Welfare, is employed three-fifths of her time by the County Council. She also maintains close liaison with the Health and Children's Departments, thus ensuring continuity of care of both mother and child.

The Local Authority contributes towards the cost of any unmarried mother admitted to the Northampton Diocesan Catholic Child Protection and Welfare Society's Home, and other Mother and Baby Homes.

The number of cases for which the Authority accepted financial responsibility in cases sent to such Homes was only 8, out of the 209 births.

Dental Care

The Principal Dental Officer reports as follows:-

" There have been few requests by maternity patients for dental treatment at the County Clinics. The few who attended were new arrivals in the County who had not as yet made their personal dental arrangements.

The child welfare side of this treatment is at present minimal. This could be stimulated considerably should the staffing position improve.

Maternity and child welfare patients have been able to attend at all of the County's Clinics on the days when school dental sessions are held. "

TABLE 9

## Dental Services for Expectant and Nursing Mothers and Children

County Area (including City of Peterborough) for the year 1965.

## Part A. Dental Treatment - Number of Cases

	Number of persons examined during the year (1)	Number of persons who commenced treatment during the year (2)	Number of courses of treatment completed during the year (3)
1 Expectant and nursing mothers	14	13	12
2 Children aged under 5 and not eligible for school dental service	90	57	56

## Part B. Dental Treatment Provided

	Scalings and gum treat- ment (1)	Fillings (2)	Silver nitrate treat- ment (3)	Crowns and inlays (4)	Extrac- tions (5)	General anaes- thetics (6)	Dentures provided		Radio graphs (9)
							Full upper or lower (7)	Partial upper or lower (8)	
1 Expectant and nursing mothers	1	12	-	-	3	-	1	2	2
2 Children aged under 5 years and not eligible for school dental service	-	10	49	-	66	24	-	-	-

## Part C. Number of Premises and Sessions

1	Number of dental treatment centres in use at end of year for services shown in part B above	8
2	Number of dental officer sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients during the year	15



TABLE 10

## Dental Services for Expectant and Nursing Mothers and Children

City of Peterborough from 1.4.1965.

## Part A. Dental Treatment - Number of Cases

	Number of persons examined during the year (1)	Number of persons who commenced treatment during the year (2)	Number of courses of treatment completed during the year (3)
1 Expectant and nursing mothers	5	5	5
2 Children aged under 5 and not eligible for school dental service	51	39	39

## Part B. Dental Treatment Provided

	Scalings and gum treat- ment (1)	Fillings (2)	Silver nitrate treat- ment (3)	Crowns and inlays (4)	Extrac- tions (5)	General anaes- thetics (6)	Dentures provided		Radio- graphs (9)
							Full upper or lower (7)	Partial upper or lower (8)	
1 Expectant and nursing mothers	-	-	-	-	3	-	1	-	2
2 Children aged under 5 years and not eligible for school dental service	-	2	45	-	46	18	-	-	-

## Part C. Number of Premises and Sessions

1	Number of dental treatment centres in use at end of year for services shown in Part B above	2
2	Number of dental officer sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients during the year	12

### Ophthalmic Treatment

Children under school age, who require ophthalmic treatment, are seen by Dr. D. Wilson Taylor, the Consultant Ophthalmologist, at the Clinics held in connection with the School Health Service, or are referred direct to the Hospital Eye Service.

### Orthopaedic Treatment

Similar arrangements exist for orthopaedic treatment as for ophthalmic treatment, whereby the pre-school child attends the clinic held in connection with the School Health Service.

In addition, the Physiotherapist visits the Nursery School and the Junior Training Centre at Huntingdon, once a week during the term to give treatment. Home visits are also made by the Physiotherapist where necessary.

### Premature Infants

The majority of expectant mothers coming into labour prematurely are referred to a maternity hospital, in consequence of which only a minority of premature infants are born at home. A proportion of the infants born prematurely at home are immediately admitted to a maternity hospital, but for such cases as the general practitioner-obstetrician considers will do satisfactorily at home, there are specially heated cots, feeding bottles, oxygen apparatus, nursing gowns and masks, within the County, available for the special nursing care required.

Of the 3,409 live births notified during 1965, 191 or 5.6 per cent were premature. 177 of these survived for 28 days, 8 died within 24 hours and a further 4 by the end of six days.

TABLE 11  
PREMATURE BIRTHS  
County Area (including City of Peterborough) for the year 1965.

Weight at birth	Premature live births														Premature stillbirths		
	Born in hospital				Born at home or in a nursing home												
					Nursed entirely at home or in a nursing home				Transferred to hospital on or before 28th day								
	Died				Died				Total births				Born				
	within 24 hours of birth	in 1 & under 7 days	in 7 & under 28 days	Total births	within 24 hours of birth	in 1 & under 7 days	in 7 & under 28 days	Total births	within 24 hours of birth	in 1 & under 7 days	in 7 & under 28 days	Total births	in hospital	at home or in a nursing home			
1	2 lb 3 oz or less	7	3	2	-	1	1	-	-	-	-	-	7	-			
2	Over 2 lb 3 oz up to & including 3 lb 4 oz	7	-	1	1	-	-	-	-	-	-	-	11	-			
3	Over 3 lb 4 oz up to & including 4 lb 6 oz	35	-	1	-	2	-	-	-	-	-	1	11	1			
4	Over 4 lb 6 oz up to & including 4 lb 15 oz	38	-	-	1	3	1	-	-	-	-	-	2	1			
5	Over 4 lb 15 oz up to & including 5 lb 8 oz	79	3	-	-	18	-	-	-	-	-	-	8	1			
6	Total	166	6	4	2	24	2	-	-	-	-	1	39	3			



TABLE 12

## PREMATURE BIRTHS

City of Peterborough from 1.4.1965.

Weight at birth	Premature live births												Premature stillbirths	
	Born at home or in a nursing home						Born in hospital							
	Nursed entirely at home or in a nursing home						Transferred to hospital on or before 28th day							
	Died			Total births			Died			Total births				
	within 24 hours of birth	in 1 & under 7 days	in 7 & under 28 days	(6)	(7)	(8)	within 24 hours of birth	in 1 & under 7 days	in 7 & under 28 days	(10)	(11)	(12)		in hospital
1 2 lb 3 oz or less	(1) 5	(2) 2	(3) 1	(4) -	(5) -	(6) -	(7) -	(8) -	(9) -	(10) -	(11) -	(12) -	(13) 1	(14) -
2 Over 2 lb 3 oz up to & including 3 lb 4 oz	2	-	1	1	-	-	-	-	-	-	-	-	3	-
3 Over 3 lb 4 oz up to & including 4 lb 6 oz	14	-	1	-	2	-	-	-	-	-	-	-	4	-
4 Over 4 lb 6 oz up to & including 4 lb 15 oz	12	-	-	1	1	-	-	-	-	-	-	-	-	-
5 Over 4 lb 15 oz up to & including 5 lb 8 oz	18	1	-	-	3	-	-	-	-	-	-	-	5	-
6 Total	51	3	3	2	6	-	-	-	-	-	-	-	13	-

### Infant Welfare Centres

Table 13 gives particulars of the numbers of children attending infant welfare centres and the number of sessions held.

In the County area (excluding the City of Peterborough) the clinics are staffed by Medical Officers of the Local Authority, whenever possible. In the urban areas, where there are purpose-built clinics, the attendances continue to increase, and in Huntingdon and St. Neots, where there are town expansion schemes, the increase in numbers is considerable. At Huntingdon it is now necessary to hold sessions twice weekly, the attendances at each session varying from 80 to 100. This additional session became essential in spite of the weekly clinics at Godmanchester, which were initiated late in 1964 to ease the pressure at Huntingdon.

Mothers from the London area, coming to live in country towns such as St. Neots and Huntingdon, are in particular need of support and advice, and they present many problems. Many are friendless when they first arrive as these families are drawn from all parts of the London area. These young mothers miss the support of their relatives. Many of them have never had a house of their own previously and although they appreciate the improved living conditions, the task of running a home presents many difficulties for the less able mothers.

The infant welfare centres serve a double purpose; not only are the mothers able to obtain the help and advice they require, but they can make friends and discuss their problems with the other mothers in similar situations. At Huntingdon a Mother's Social Club is held once weekly, which is proving very popular and has helped to integrate local and immigrant population.

In the villages attendances at infant welfare centres fluctuate from year to year according to the structure of the population. New housing invariably means new babies, but as the children reach school age the attendances diminish. Sawtry and Stilton are examples of rapidly growing villages with increasing attendances, whilst the numbers at Spaldwick and Great Gransden no longer justify the clinics that were held in these villages some years ago.



TABLE 13  
INFANT WELFARE CENTRES

County Area (including City of Peterborough) for the year 1965.

Number of children who attended during the year				Number of sessions held by				Total number of sessions in columns (5)-(8)	Number of children referred elsewhere	Number of children on "at risk" register at end of year
Born in 1965 (1)	Born in 1964 (2)	Born in 1960-1963 (3)	Total (4)	Medical Officers (5)	Health visitors (6)	G.P.'s employed on a sessional basis (7)	Hospital medical staff (8)			
2417	2613	2482	7512	648	282	141	20	1091	290	564
				(5)	(6)	(7)	(8)	(9)	(10)	(11)

City of Peterborough from 1.4.1965.

Number of children who attended during the year				Number of sessions held by				Total number of sessions in columns (5)-(8)	Number of children referred elsewhere	Number of children on "at risk" register at end of year
Born in 1965 (1)	Born in 1964 (2)	Born in 1960-1963 (3)	Total (4)	Medical Officers (5)	Health visitors (6)	G.P.'s employed on a sessional basis (7)	Hospital medical staff (8)			
716	567	811	2094	18	181	102	15	316	33	176
				(5)	(6)	(7)	(8)	(9)	(10)	(11)



County Area (including City of Peterborough)

<i>Day Nurseries</i>	<i>Number at end of year</i>	<i>Number of approved places</i>	<i>Average daily attendance</i>
Nurseries maintained by the Authority or by voluntary organisations under Section 22 of National Health Service Act, 1946.	1	45	34
<i>Daily Minders and Registered Nurseries</i>	<i>Nurseries and Child Minders Regulation Act, 1948</i>		
	<i>Premises registered at end of year</i>		<i>Daily minders registered at end of year</i>
	<i>Factory</i>	<i>Other Nurseries</i>	
Number	-	3	10
Number of places	-	88	

City of Peterborough

<i>Day Nurseries</i>	<i>Number at end of year</i>	<i>Number of approved places</i>	<i>Average daily attendance</i>
Nurseries maintained by the Authority or by voluntary organisations under Section 22 of National Health Service Act, 1946.	1	45	34
<i>Daily Minders and Registered Nurseries</i>	<i>Nurseries and Child Minders Regulation Act, 1948</i>		
	<i>Premises registered at end of year</i>		<i>Daily minders registered at end of year</i>
	<i>Factory</i>	<i>Other Nurseries</i>	
Number	-	1	7
Number of places	-	50	

## MIDWIFERY AND HOME NURSING

(Sections 23 and 25)

Staff

Following the amalgamation on April 1st, our overall establishment of 27 was increased to 35, this being divided into District Midwives, District Nurse-Midwives and General District Nurses according to the area and type of work.

Miss I.M. Worsfold, the Deputy County Nursing Officer, resigned at the end of January and Miss M.R. Scrivener was appointed in her place, but owing to the difficulty in appointing another Health Visitor in the Stanground area for several months, she did not take up full duties until May, 1965.

Our recruiting has been rather poor during the year, despite repeated advertising. This has thrown a considerable strain once more on the midwifery staff in the northern part of the County, especially in view of the increased birth and early discharge rates.

During the year we recruited two full-time and two part-time midwives, but unfortunately also lost two full-time midwives for domestic reasons. To overcome this shortage we have, where possible and where the District Nurse Midwife agreed, transferred the general nursing to other personnel.

At the end of December there were four vacancies in the County, two for midwives and two for district nurse-midwives.

Training

Three midwives attended compulsory post-graduate refresher courses during the year.

Pupil Midwifery Training

This training has continued in the Eynesbury area, and four pupils from The Gables Maternity Hospital completed their three months domiciliary midwifery training during the year.

General Nursing Training

Now that Student Nurses at the Peterborough Memorial Hospital are taking a twelve week obstetric course at The Gables Maternity Hospital during their three years training, the lectures at the Memorial Hospital have ceased, and the obstetric students have two days observation visits with various members of the public health nursing team.

State Enrolled Nurse Training

Students from the County Hospital, Huntingdon, have spent two days on the district, doing observation visits.



TABLE 14

Deliveries attended by Domiciliary Midwives during 1965.County Area (including City of Peterborough) for the year 1965.

<i>Number of domiciliary confinements attended by midwives under N.H.S. arrangements</i>			<i>Number of cases delivered in hospitals and other institutions but discharged and attended by domiciliary midwives before 10th day</i>
<i>Doctor not booked</i>	<i>Doctor booked</i>	<i>Total</i>	
-	1099	1099	1076

City of Peterborough from 1.4.1965.

<i>Number of domiciliary confinements attended by midwives under N.H.S. arrangements</i>			<i>Number of cases delivered in hospitals and other institutions but discharged and attended by domiciliary midwives before 10th day</i>
<i>Doctor not booked</i>	<i>Doctor booked</i>	<i>Total</i>	
-	270	270	288

The above figures show increased birth and early discharge rates, but excluding the Soke of Peterborough figures, there was an increase in both rates for all areas previously covered by the County of Huntingdon, which added considerably to the work of the domiciliary midwife.

The number of domiciliary confinements attended by midwives in the Administrative County was 1,099, and almost the same number, 1,076, were discharged from hospitals before the tenth day and were attended by the domiciliary midwife. These early discharges include those from Service Hospitals.

The regulations of the Central Midwives Board require a fully qualified midwife to undertake the nursing of these early discharges. With the present shortage of midwives some modification of this regulation would seem to be a practical solution of easing the load of the domiciliary midwife.



Maternity BedsCounty Area

TABLE 15

<i>No. of Births Notified during 1965</i>	<i>Births in Maternity Homes or Hospitals</i>	<i>Percentage of Institutional Births</i>
2,144	1,418	66.1

It will be noted from Table 15 that the percentage of institutional confinements in the County area (excluding the City of Peterborough) was 66.1% in 1965. It will be recalled that the recommendation of the Cranbrook Committee was that 70% of all confinements should take place in hospital.

The percentage of institutional confinements of the "civilian population" however has not attained the same satisfactory level as the County area as a whole. There are several Royal Air Force Stations in the County, including the U.S.A.A.F. at Alconbury. Wives of Service personnel have little difficulty in obtaining a maternity bed in a Service Hospital, thereby inflating the institutional confinement rate for the County. Some of these Service wives have a domiciliary confinement, or are delivered in National Health Service Hospitals. It is, therefore, difficult to differentiate the institutional confinement rate for the civilian population and the wives of Service personnel. Some indication of the higher rate of hospital confinements for Service wives is shown by the fact that 238 deliveries, or one sixth of all hospital deliveries in the County area, were in Service Hospitals.

TABLE 16  
HOME NURSING

County Area (including City of Peterborough) for the year 1965.

1	Total number of persons nursed during the year	3405
2	Number of persons who were aged under 5 at first visit in 1965	46
3	Number of persons who were aged 65 or over at first visit in 1965	1099

City of Peterborough from 1.4.1965.

1	Total number of persons nursed during the year	1726
2	Number of persons who were aged under 5 at first visit in 1965	8
3	Number of persons who were aged 65 or over at first visit in 1965	267

## HEALTH VISITING

(Section 24)

In this County the appointment of Health Visitor is combined with School Nurse, and following the amalgamation, the establishment was retained at 21, including two Tuberculosis Health Visitors.

At the end of 1965 there were 13 full-time and 2 part-time Health Visitor-School Nurses and 2 full-time and 2 part-time School Nurses, this separation of staff being in the heavily populated areas so that the health visitor could be relieved of all non-essential health visiting tasks.

During the year two Health Visitors resigned and two were appointed, and with the ever increasing population the health visiting services have been stretched to their limit. This, unfortunately, means that despite the co-operation of all members of the staff they tend to have a feeling of not really doing justice to all aspects of the increasing services which fall to the health visitor of today.

The staff of the rural areas in the north of the new County was severely depleted due to the shortage of recruits and also to sickness, but every effort has been made by the administrative and other staff based in the north to keep, at least, the essential services running.

Despite advertising for Student Health Visitors, the only suitable applicant was one of our own School Nurses, who in 1965 was admitted to the year's Course leading to the Health Visitors Certificate.

The School Nurses also do clinic duties, which again takes away from the health visitor the routine tasks, so leaving her free to concentrate on the mothers and babies.

During the year we have had several Health Visitor Students from the Training Colleges sent out on the district for a week's practical experience.

Owing to staffing difficulties it was not possible to allocate any more health visitors to general practitioners, so that at the end of the year there was still only the one area, namely St. Ives, covered in this way. Co-operation between the majority of health visitors and general practitioners is very good. By the time this report is published, all general practitioners will have their own Health Visitor, District Nurse and Midwife attachment arranged.



TABLE 17

## HEALTH VISITING

County Area (including City of Peterborough) for the year 1965.

<i>Cases visited by Health Visitors</i>		<i>Number of cases</i>
1	Children born in 1965	3,343
2	Children born in 1964	2,469
3	Children born in 1960-63	4,327
4	Total number of children in lines 1 - 3	10,139
5	Persons aged 65 or over	397
6	Number included in line 5 who were visited at the special request of a G.P. or hospital	106
7	Mentally disordered persons	59
8	Number included in line 7 who were visited at the special request of a G.P. or hospital	8
9	Persons, excluding Maternity cases, discharged from hospital (other than mental hospitals)	10
10	Number included in line 9 who were visited at the special request of a G.P. or hospital	10
11	Number of tuberculous households visited	17
12	Number of households visited on account of other infectious diseases	7
13	Number of tuberculous households visited by tuberculosis visitors	255



TABLE 18  
HEALTH VISITING

City of Peterborough from 1.4.1965.

<i>Cases visited by health visitors</i>		<i>Number of cases</i>
1	Children born in 1965	992
2	Children born in 1964	405
3	Children born in 1960-63	927
4	Total number of children in lines 1 - 3	2,324
5	Persons aged 65 or over	55
6	Number included in line 5 who were visited at the special request of a G.P. or hospital	48
7	Mentally disordered persons	15
8	Number included in line 7 who were visited at the special request of a G.P. or hospital	4
9	Persons, excluding Maternity cases, discharged from hospital (other than mental hospitals)	-
10	Number included in line 9 who were visited at the special request of a G.P. or hospital	-
11	Number of tuberculous households visited	1
12	Number of households visited on account of other infectious diseases	1
13	Number of tuberculous households visited by tuberculosis visitors	30

## VACCINATION AND IMMUNISATION

(Section 26)

Smallpox Vaccination

The number of primary vaccinations under the age of sixteen in the County was 1,292, and re-vaccinations numbered 78.

It is noted that many general practitioners still continue the practice of vaccinating infants below the age of six months (193 instances), although it is three years since the Standing Medical Advisory Committee on Smallpox recommended that routine primary vaccination should, preferably, be given during the second year of life. Health Visitor attachments may reduce this figure.

TABLE 19  
SMALLPOX VACCINATION

Persons aged under 16

County Area (including City of Peterborough) for the year 1965.

Age at date of vaccination	Number of persons vaccinated or re- vaccinated during period	
	Number vaccinated	Number revaccinated
0 - 3 months	37	-
3 - 6 months	156	-
6 - 9 months	66	-
9 -12 months	102	-
1 year	684	1
2 - 4 years	193	21
5 -15 years	54	56
TOTAL	1,292	78

City of Peterborough from 1.4.1965.

Age at date of vaccination	Number of persons vaccinated or re- vaccinated during period	
	Number vaccinated	Number revaccinated
0 - 3 months	6	-
3 - 6 months	50	-
6 - 9 months	18	-
9 -12 months	24	-
1 year	173	-
2 - 4 years	61	3
5 -15 years	12	5
TOTAL	344	8



## Diphtheria, Tetanus, Pertussis and Poliomyelitis Vaccination and Immunisation

Tables 20 & 21 give the relevant statistics for vaccination and immunisation against diphtheria, tetanus, pertussis and poliomyelitis.

No comparisons can be made with previous years owing to the amalgamation and the delegation of this duty to the City of Peterborough.

Refusal is rare today, but apathy is not uncommon. In areas where transport is difficult, some mothers make little effort to overcome the problem. This attitude is perhaps understandable, as the present generation of parents have never seen a child suffering from diphtheria, and it is a number of years since there has been an outbreak of poliomyelitis in the area. Repeated individual approaches to these lax parents are essential to ensure that the immunity of the population is kept at a high level.

TABLE 20

## VACCINATION OF PERSONS UNDER AGE 16

County Area (including City of Peterborough) for the year 1965.

## COMPLETED PRIMARY COURSES - Number of persons under age 16

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1965	1964	1963	1962	1958-61		
1. Quadruple DTPP	3	23	1	-	-	-	27
2. Triple DTP	1298	1327	116	47	78	17	2883
3. Diphtheria/Pertussis	-	-	-	1	-	-	1
4. Diphtheria/Tetanus	4	8	3	2	109	50	176
5. Diphtheria	-	-	-	-	-	1	1
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	-	1	-	1	13	54	69
8. Salk	26	179	90	30	15	16	356
9. Sabin	531	1731	306	162	231	111	3072
10. Lines 1+2+3+4+5 (Diphtheria)	1305	1358	120	50	187	68	3088
11. Lines 1+2+3+6 (Whooping cough)	1301	1350	117	48	78	17	2911
12. Lines 1+2+4+7 (Tetanus)	1305	1359	120	50	200	121	3155
13. Lines 1+8+9 (Polio)	560	1933	397	192	246	127	3455

## REINFORCING DOSES - Number of persons under age 16

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1965	1964	1963	1962	1958-61		
1. Quadruple DTPP	-	2	6	-	3	-	11
2. Triple DTP	7	231	353	64	460	36	1151
3. Diphtheria/Pertussis	-	-	1	-	6	-	7
4. Diphtheria/Tetanus	-	4	16	6	1110	35	1171
5. Diphtheria	-	1	-	-	110	26	137
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	-	-	-	4	12	37	53
8. Salk	1	2	2	1	637	26	669
9. Sabin	4	10	12	5	1642	23	1696
10. Lines 1+2+3+4+5 (Diphtheria)	7	238	376	70	1689	97	2477
11. Lines 1+2+3+6 (Whooping cough)	7	233	360	64	469	36	1169
12. Lines 1+2+4+7 (Tetanus)	7	237	375	74	1585	108	2386
13. Lines 1+8+9 (Polio)	5	14	20	6	2282	49	2376

TABLE 21

## VACCINATION OF PERSONS UNDER AGE 16

City of Peterborough from 1.4.1965COMPLETED PRIMARY COURSES - Number of persons under age 16

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1965	1964	1963	1962	1958-61		
1. Quadruple DTPP	-	-	-	-	-	-	-
2. Triple DTP	384	324	44	19	38	9	818
3. Diphtheria/Pertussis	-	-	-	-	-	-	-
4. Diphtheria/Tetanus	-	-	-	-	-	-	-
5. Diphtheria	-	-	-	-	-	-	-
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	-	-	-	-	-	-	-
8. Salk	17	68	40	16	10	13	164
9. Sabin	196	290	60	29	19	28	622
10. Lines 1+2+3+4+5 (Diphtheria)	384	324	44	19	38	9	818
11. Lines 1+2+3+6 (Whooping cough)	384	324	44	19	38	9	818
12. Lines 1+2+4+7 (Tetanus)	384	324	44	19	38	9	818
13. Lines 1+8+9 (Polio)	213	358	100	45	29	41	786

REINFORCING DOSES - Number of persons under age 16.

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1965	1964	1963	1962	1958-61		
1. Quadruple DTPP	-	-	-	-	-	-	-
2. Triple DTP	7	33	31	9	212	20	312
3. Diphtheria/Pertussis	-	-	-	-	-	-	-
4. Diphtheria/Tetanus	-	-	-	-	-	-	-
5. Diphtheria	-	-	-	-	-	-	-
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	-	-	-	-	-	-	-
8. Salk	1	2	1	1	179	17	201
9. Sabin	2	7	11	4	156	19	199
10. Lines 1+2+3+4+5 (Diphtheria)	7	33	31	9	212	20	312
11. Lines 1+2+3+6 (Whooping cough)	7	33	31	9	212	20	312
12. Lines 1+2+4+7 (Tetanus)	7	33	31	9	212	20	312
13. Lines 1+8+9 (Polio)	3	9	12	5	335	36	400



## AMBULANCE SERVICE

(Section 27)

The following information has been supplied by the Chief Ambulance Officer.

TABLE 22

1. Statistics

Period 1st April - 31st December 1965

<u>Patients</u>	Stretcher	16,488
	Sitting	20,957
	H.C.S.	2,607
		<u>40,052</u>
<u>Miles</u>	Stretcher Ambulances	177,269
	Clinic Ambulances	115,570
	H.C.S.	82,432
		<u>375,271</u>

Personnel      2 controllers  
                  11 leading drivers  
                  36 driver attendants

Vehicles      11 stretcher ambulances  
                  7 clinic ambulances  
                  1 car ambulance

2. Stations

On the 24th May, 1965 a new Ambulance Station was officially opened by Mr. C. Greenwood, (Chairman of the former County Health Committee, Soke of Peterborough County Council), at Dogsthorpe, Peterborough.

3. Communications

A radio link between main control at Peterborough and Divisional Control Huntingdon was installed. All ambulance mobile radio sets were changed to a common wave length, so that ambulances could be contacted from either of the two controls.

Standby call out telephones were installed in the homes of ambulance personnel at Peterborough, as in similar manner to Huntingdon, in order to call in personnel during evenings and weekends, when normal cover was reduced at stations.

## PREVENTION OF ILLNESS, CARE AND AFTER CARE

(Section 28)

Tuberculosis

There are two Chest Physicians employed on a part-time basis by the Local Health Authority, and two Tuberculosis Health Visitors. There is close liaison with the Regional Hospital Board and the District Medical Officers.

Table 23 indicates the incidence of tuberculosis

TABLE 23

Notifications received during 1965						
Respiratory	..	..	..	..	..	31
Meninges & C.N.S.	..	..	..	..	..	1
Other	..	..	..	..	..	6

B.C.G. Vaccination

County Area (including City of Peterborough) for the year 1965.

## Contact Scheme

(i)	No. skin tested	513
(ii)	No. found positive	281
(iii)	No. found negative	232
(iv)	No. vaccinated	176

## School Children and Students

(i)	No. skin tested	1,310
(ii)	No. found positive	157
(iii)	No. found negative	1,104
(iv)	No. vaccinated	1,089

City of Peterborough from 1.4.1965

## Contact Scheme

(i)	No. skin tested	369
(ii)	No. found positive	210
(iii)	No. found negative	159
(iv)	No. vaccinated	125

## School Children and Students

(i)	No. skin tested	72
(ii)	No. found positive	17
(iii)	No. found negative	43
(iv)	No. vaccinated	43

176 persons were given B.C.G. vaccination under the Contact Scheme and 1,089 School Children and Students were vaccinated, following routine skin testing.

In January 1965 the Chief Medical Officer of the Ministry of Health requested all Local Authorities to make arrangements to visit all new immigrants, in order that they might be given general information about the National Health Service, and be persuaded to get themselves, and their dependants, registered with a general practitioner with a view, in particular, to a chest X-ray where appropriate.

211 immigrants were visited in the Administrative County for this purpose during the year. By far the greater number of these immigrants were of European origin, mainly from Italy.

### Other Forms of Illness

The stock of equipment available for loan has been increased by the purchase of some specialised items for paraplegic patients.

### Provision of Incontinence Pads

Incontinence pads are provided free of charge to any person, who is in need of them, on the recommendation of a doctor or a nurse. The demand for this service increases. The expense is well repaid by the easing of the burden on relatives, many of whom are themselves elderly. With the emphasis on community care, the use of incontinence pads is one of the means of helping the disabled to live at home. 4,300 pads were issued during the year.

### Prevention and early detection of Cervical Cancer

The Council's proposals under Section 28 of the National Health Service Act, 1946, relating to the Prevention of Illness, Care and After-Care, were extended to provide a service for the collection of cervical smears for cytological diagnostic investigation by hospital authorities.

As yet it has not been possible to implement the proposal owing to the shortage of hospital technicians, trained to carry out the examination of these smears.

### Fluoridation of Water Supplies

The Soke of Peterborough and Huntingdon County Councils expressed themselves in favour of fluoridation of water supplies, and the Council of the new County confirmed the desirability of arrangements being made for the fluoridation of water supplies, but it has not, so far, been possible to implement them.



### Chiropody

At present no direct Chiropody Service operates in the County. The Community Council for Cambridgeshire and Isle of Ely, Huntingdon and Peterborough, and the Peterborough Old People's Welfare Committee, provide a service through the voluntary Old People's Clubs. The County Council pays a subsidy for each patient treated.

Patients are able to obtain domiciliary treatment, when this is necessary, and additional payment is made for these visits.

### Venereal Diseases

The following Table sets out particulars of patients from the County of Huntingdon and Peterborough area treated at the Venereal Diseases Treatment Centres during 1965.

TABLE 24.

	<i>Cambridge</i>	<i>Peterborough</i>
Number of persons dealt with for the first time and found to be suffering from:-		
Syphilis	-	9
Gonorrhoea	21	46
Conditions other than Venereal	62	169
TOTAL	83	224

### HEALTH EDUCATION

All the professional and nursing staff take an active part in Health Education, and the Deputy County Nursing Officer has a special responsibility for the day to day administration.

Reference has been made to the classes in Mothercraft held in connection with the Ante-natal clinics. In addition, films have been shown in the clinics in the evenings to groups of expectant parents. Two films which have proved particularly popular are "To Janet a Son" and "A Brother for Susan" and it is noticeable that more fathers now attend.

The Health Visitors give much time and thought to producing displays at the Clinics. Topical subjects range from "Safety on November 5th" to "Travelling with baby in summer", as well as the usual subjects such as Home Safety, Food Hygiene, Care of the Feet and Nutrition.

The County Medical Officer has addressed many meetings of Voluntary Associations on various aspects of his work and Medical Officers have taken part in Brains Trusts at Parent/Teacher Association meetings. Mental Welfare Officers have given talks to Women's Institutes, and a talk on Mental Subnormality was given at the newly formed Parent/Teacher Association at the Huntingdon Junior Training Centre.

Classes in Mothercraft were held by the Health Visitor for the area at Longsands School, St. Neots, and films on various subjects were shown in ten Grammar and Secondary Modern Schools in the County.

The standard of the films that are now available for Health Education has improved vastly in the last few years and stimulate interest and discussion.

An innovation was a series of talks by the County Nursing Officer, at St. Ivo School, on "Child Care". These were given in connection with the Duke of Edinburgh's Awards Scheme.

Posters and leaflets have been distributed on subjects of particular interest to adolescents and adults - "the Dangers of Smoking" and "Don't Drink and Drive."

## DOMESTIC HELP SERVICE

(Section 29)

Table 25 gives details of the work carried out by the Domestic Help Service.

During the course of the year 151 maternity cases were attended: this figure includes 76 cases in the City of Peterborough since the 1st April.

Recruitment of Home Helps presents little difficulty in the urban areas, but, in the rural areas, lack of public transport creates difficulties. This is emphasised when two or three cases requiring help are concurrent. It is sometimes possible to get over this difficulty by employing neighbours, for a particular case, who are willing to go in for short periods during the day, to help with such tasks as assisting the old person out of bed, or lighting fires.

A two day In-Service Training Course was held in the Autumn at Huntingdon. Not only do the Home Helps benefit by the training, but it has been found that these short courses encourage the Home Helps to realize they are part of a team, to assist in keeping the old people in their own homes as long as possible.



Specially selected Home Helps have been allocated to provide assistance with the rehabilitation of problem families. The aim is for the Home Help to work with the mother and to teach her the rudiments of household management. The Home Help visits daily in the early stages and there is a gradual reduction of the amount of help given, as the mother learns to cope with her task. This service is free, as invariably, these problem families are in debt.

TABLE 25

County Area (including City of Peterborough) for the year 1965.

	<i>Home help to households for persons</i>					
	<i>aged 65 or over on first visit in 1965</i>	<i>aged under 65 on first visit in 1965</i>				<i>Total</i>
		<i>Chronic sick and tuberculosis</i>	<i>Mentally disordered</i>	<i>Maternity</i>	<i>Others</i>	
	(1)	(2)	(3)	(4)	(5)	(6)
Number of cases	657	59	3	131	52	902

City of Peterborough from 1.4.1965.

	<i>Home help to households for persons</i>					
	<i>aged 65 or over on first visit in 1965</i>	<i>aged under 65 on first visit in 1965</i>				<i>Total</i>
		<i>Chronic sick and tuberculosis</i>	<i>Mentally disordered</i>	<i>Maternity</i>	<i>Others</i>	
	(1)	(2)	(3)	(4)	(5)	(6)
Number of cases	397	43	-	76	12	528



## MENTAL HEALTH

(Section 51)

The City of Peterborough Council exercise delegated functions under the Mental Health Act, 1959, with the exception of residential care of the mentally ill and infirm, and the administration of the Junior Training Centre at Peterborough.

Mental Illness

There are three full-time Mental Welfare Officers on the establishment of the County Council (excluding the City). At the end of the year the establishment was at full strength. During the Autumn two Officers resigned to take up senior appointments. Although only a short time elapsed before these officers were replaced it is inevitable that during the first few weeks in a new area the number of routine follow-up cases seen are fewer than normal, the emergency work having to take prior place.

The northern part of the County above a line drawn South of Stilton comes within the catchment area of Rauceby Hospital, which is two miles from Sleaford, but which has clinics at Peterborough. The remainder of the County is served by Fulbourn Hospital which is four miles east of Cambridge and which holds certain clinics at Huntingdon. Liaison with both hospitals is excellent and the Mental Welfare Officers visit patients in hospital, whenever possible, but visits are limited because of the distances. It is not always practicable for the Mental Welfare Officers to visit hospital patients while admitting another case to hospital, as many of the admissions, are in the late evening.

Prevention of severe mental illness, and the consequent need for hospital admission, may be avoided if the mentally ill patient has adequate support. This work, and the after-care of patients who have been discharged from hospital, takes up a considerable part of the time of the Mental Welfare Officer, but is most rewarding. The arrangement whereby the Mental Welfare Officer attends the Psychiatric Clinic held at Huntingdon Hospital by the Consultants from Fulbourn has proved to be very beneficial to all concerned. A similar arrangement exists at Peterborough Memorial Hospital and the Mental Welfare Officer attends when appropriate, but as a large number of the patients come from the City area, the Mental Welfare Officer does not attend as a routine procedure. Patients are also seen at Bene't Place, Cambridge, as emergencies, and they are accompanied by the Mental Welfare Officer should this be considered necessary.

Liaison between general practitioners, hospitals and Mental Welfare Officers is excellent. The regular meetings held by Fulbourn Hospital are very much appreciated by the Mental Welfare Officers.

Details of the work of the Local Health Authority are given in Tables 26, 27 and 28.

### Mental Subnormality

There have been no alterations in the arrangements for the administration of the Junior Training Centres at Peterborough and Huntingdon. The number of severely sub-normal patients on the waiting list for admission to hospital continues to give concern, and difficulty has been experienced in obtaining short term care. It is anticipated that when the new Ida Darwin Wing at Fulbourn opens in 1966 the number of patients, and the length of time on the waiting list, will be considerably reduced. During the course of the year thirteen children were admitted to the Hostel attached to the Junior Training Centre at Huntingdon for short term care. Some of the children were admitted because of emergency arising in the home circumstances, others to allow the parents to take a much needed holiday, or rest.

The Adult Training Centre at Huntingdon, on which building was to have commenced in 1964, has again been delayed owing to financial restriction and legal difficulties in completing the purchase of the site.

Similar difficulties have occurred in connection with the larger project in the north. As yet it has not been possible to begin work on the Adult Centre at Eye, which is planned to accommodate eighty trainees, in the first phase.

### Mentally Ill

The following table gives the number of patients admitted to hospitals at which the Mental Welfare Officer was in attendance (excluding the City of Peterborough).

TABLE 26

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Informal	34	69	103
Section 25	2	-	2
Section 26	-	-	-
Section 29	14	16	30



The following tables set out the number of patients referred to the Local Health Authority during the year 1965 and the source of information.

County Area (including City of Peterborough) for the year 1965.

TABLE 27

<i>Referred by</i>	<i>Mentally ill</i>	<i>Subnormal &amp; Severely Subnormal</i>	<i>Total</i>
General Practitioners	189	-	189
Hospitals, on discharge from in-patient treatment	136	1	137
Hospitals after or during out-patient or day treatment	74	-	74
Local education authorities	-	9	9
Police and Courts	26	-	26
Other sources	35	2	37

City of Peterborough from 1.4.1965.

<i>Referred by</i>	<i>Mentally ill</i>	<i>Subnormal &amp; Severely Subnormal</i>	<i>Total</i>
General Practitioners	44	-	44
Hospitals, on discharge from in-patient treatment	50	-	50
Hospitals, after or during out-patient or day treatment	18	-	18
Local education authorities	-	1	1
Police and Courts	12	-	12
Other sources	5	-	5



The following tables show the number of subnormal and severely subnormal patients on the waiting list for admission to hospital, temporary admissions for residential care and the number of cases under Guardianship.

County Area (including City of Peterborough)

TABLE 28

	<i>Subnormal</i>	<i>Severely Subnormal</i>	<i>Total</i>
Number of patients on waiting list for admission to hospital at 31.12.65:			
(a) In urgent need of hospital care	3	17	20
(b) Not in urgent need of hospital care .. .. .	1	5	6
Number of admissions for temporary residential care during 1965 (e.g. to relieve the family):			
(a) To N.H.S. hospitals .. .. .	2	5	7
(b) To L.A. residential accommodation	-	13	13
Number under Guardianship at 31.12.65	-	3	3

City of Peterborough

	<i>Subnormal</i>	<i>Severely Subnormal</i>	<i>Total</i>
Number of patients on waiting list for admission to hospital at 31.12.65:			
(a) In urgent need of hospital care	1	7	8
(b) Not in urgent need of hospital care .. .. .	-	-	-
Number of admissions for temporary residential care during 1965 (e.g. to relieve the family):			
(a) To N.H.S. hospitals	-	1	1
(b) To L.A. residential accommodation	-	-	-
Number under Guardianship at 31.12.65	-	-	-

## NATIONAL ASSISTANCE ACT, 1948

Incidence of Blindness

There were 190 registered blind persons (83 male and 107 female) in the County on the 31st December, 1965 compared with 173 at the end of the previous year. During 1965 the number of cases certified blind on Form B.D.8 was 20 (5 male and 15 female). There were 31 inward transfers to the County during the twelve months.

The number of deaths of blind persons recorded during the year was 23 (7 male and 16 female), whilst 2 female and 4 male blind persons left the County and 2 males and 2 females were decertified during the same period. 1 male was removed from the register for other reasons.

The following table shows the ages of blind persons on the register at the 31st December, 1965. (Numbers on register at 31st December, 1964 are shown in brackets).

TABLE 29

0 -	1 -	2 -	3 -	4 -	5 - 10	11-15	16-20
-	-	-	-	-	-	3	7
(-)	(-)	(-)	(-)	(-)	(-)	(1)	(5)
21-29	30-39	40-49	50-59	60-64	65-69	70 & over	Total
4	6	10	17	10	21	112	190
(4)	(6)	(10)	(14)	(10)	(16)	(107)	(173)

The number of cases in the County certified to be partially sighted during the year was 8. The number of partially sighted persons on the register at the end of the year was 39 (18 males and 21 females) compared with 35 (15 males and 20 females) at the end of 1964.

During the year 7 partially sighted persons were inward transfers to the County. Persons were removed from the register as follows: 6 deaths, 3 transfers out and 2 certified blind

The age distribution of the partially sighted persons is shown in the following table.

TABLE 30

0 - 1	2 - 4	5 - 15	16 - 20	21 - 49	50 - 64	65 & over	Total
-	-	7	3	6	8	15	39
(-)	(-)	(5)	(5)	(5)	(7)	(13)	(35)

In addition to those already registered as blind or partially sighted, in some 25 cases contact was being maintained in case they should subsequently become eligible for certification under the Act.

The following table shows the follow-up of registered blind and partially sighted persons.

TABLE 31

(i) Number of cases registered during the year in respect of which Section F of Form B.D.8 recommends:	CAUSE OF DISABILITY							
	Cataract		Glaucoma		Retrolental Fibroplasia		Others	
	Blind	P/S	Blind	P/S	Blind	P/S	Blind	P/S
(a) No Treatment	-	-	-	-	-	-	4	-
(b) Treatment (medical surgical or optical)	5	-	4	-	-	-	6	-
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	-	-	1	-	-	-	1	-

TABLE 32

### Employment of Blind Persons

#### (i) Homeworkers:

- 1 Basket Maker
- 1 Piano Tuner and Musician
- 1 Stool Seater and Centre Cane Worker
- 1 Poultry and Pig Farmer
- 1 Chair Caner

#### (ii) Workshop Employees:

- 3 Basket Makers at Norwich Institution for the Blind

#### (iii) Other Employment:

- 1 Publican
- 1 Garage Attendant
- 1 Storeman
- 1 Toy Maker
- 2 Farm Workers
- 1 Assembler
- 1 Machinist
- 1 Physiotherapist
- 2 Labourers
- 1 Packer
- 1 Shorthand/Typist

At the end of the year 21 blind persons were usefully employed.



TABLE 33

INFECTIOUS DISEASES NOTIFIED IN COUNTY  
for the year ended 31st December, 1965

District	Scarlet Fever	Whooping Cough	Acute poliomyelitis		Measles (excl. rubella)	Diphtheria	Dysentery	Meningococcal infection	Ac. pneumonia	Smallpox	Acute encephalitis		Typhoid fever	Paratyphoid fever	Erysipelas	Food poisoning	Tuberculosis			Puerperal pyrexia	Ophthalmia neonatorum	Infective Jaundice	Total
			Paralytic	Non-paralytic							Infective	Post-infectious					Respiratory	Meninges & C.N.S.	Other				
URBAN:																							
Huntingdon and Godmanchester	2	4	-	-	207	-	-	-	15	-	-	-	-	-	1	-	2	-	2	6	-	-	239
Old Fletton	1	7	-	-	100	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	111
Peterborough	3	12	1	-	482	-	18	-	10	-	-	2	-	-	-	25	19	-	3	32	-	-	607
Ramsey	1	1	-	-	47	-	-	-	-	-	-	-	-	-	-	-	4	-	-	1	-	13	67
St. Ives	-	-	-	-	17	-	-	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-	19
St. Neots	1	33	-	-	172	-	-	-	1	-	-	-	-	-	-	4	1	-	-	1	-	-	213
RURAL:																							
Barnack	3	4	-	-	9	-	-	-	2	-	-	-	-	-	-	-	3	-	-	-	-	-	21
Huntingdon	3	10	-	-	260	-	5	-	5	-	-	1	-	2	1	2	-	1	-	-	-	3	293
Norman Cross	-	3	-	-	84	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	87
Peterborough	-	4	-	-	97	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	102
St. Ives	3	-	-	-	93	-	5	-	9	-	-	-	-	-	-	1	-	-	-	2	-	1	114
St. Neots	3	2	-	-	99	-	2	-	2	-	-	-	-	-	1	2	-	-	1	2	-	-	114
Thorney	-	5	-	-	24	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	29
TOTAL	20	85	1	-	1691	-	33	-	45	-	-	1	2	2	3	34	31	1	6	44	-	17	2016

## THE COMPOSITION AND QUALITY OF FOOD AND DRUGS

I am indebted to the Chief Inspector of Weights and Measures for the following report which gives details of the work performed by his Department under the Food and Drugs Act, 1955, and its ancillary legislation for the year ended 31st December, 1965.

" I have the honour to present my report on the work performed by the Weights and Measures Department under the Food and Drugs Act, 1966 and its ancillary legislation for the year ended 31st December, 1965. The County Council as the Food and Drugs Authority for the whole County, carries out the provisions of the Food and Drugs Act, 1955 and various Orders and Regulations associated therewith which deal with the composition and description, quality and labelling of food and drugs. These duties are carried out by the Weights and Measures Department in conjunction with the Health Department.

### 1. MILK SAMPLING FOR COMPOSITION AND QUALITY

During the year a total of 501 samples of milk were analysed; of these only 4 were found to be below standard. In times past, adding water to milk was almost a commonplace. It has now almost entirely ceased, only to be replaced by that curse of the food industry, the "foreign body", and in the particular case of milk, the bottle which is dirty or which contains foreign matter.

This year bottles of milk were found which separately contained a Hair Grip, "Sandy Matter" and "Wheat Straw". In all these cases the Public Analyst was of the opinion that the foreign matter had been present before the bottle passed through the washing plant at the dairy and was therefore itself clean; there was no contamination of the milk. It is likely that each of these incidents was initially caused by misuse of their bottles by members of the public. The industry can claim with justification that they have problems which would be lessened if a small percentage of people did not abuse bottles.

A sample of milk taken at a dairy from churns sent in from a farm was found to be slightly low in fat content. There was no evidence to suggest any irregularity and the small deficiency was attributed to the normal fluctuations that occur with the natural processes of the cow.

### 2. MILK SAMPLING FOR BACTERIOLOGICAL AND BIOLOGICAL TESTING

213 Bacteriological and Biological milk samples taken during the year were all found to be satisfactory. Milk is indeed a clean safe food nowadays, when pasteurized. People who crave the "good old days" with its raw milk a cause of tuberculosis, should be grateful for the safe product they receive today.



### 3. ANTIBIOTICS IN MILK

28 samples were taken to ensure that they were free from Antibiotics; all were found to be satisfactory.

### 4. OTHER FOODS SAMPLED FOR COMPOSITION AND QUALITY

During the year a total of 236 such samples covering a wide range of foods were procured from all parts of the County. Comment on some of the "Not Genuine" samples is made below. Again, it is not "adulteration" but "foreign bodies" that lead to most complaints. It is the inevitable price one pays for the mechanised, mass production food industry needed to feed us all in this densely populated country. Food and Drugs Authorities must do everything to reduce such incidents but if one is a realist one has to accept, however reluctantly that like other forms of accident, it will never be completely avoided.

#### Iced Birthday Cake

A purchaser of an Iced Birthday Cake, found when it was cut next day that it was contaminated with mould. Enquiries showed that the cake, which was 3 weeks old and had been intended only for display purposes in a showcase, had been sold in error. The baker had tried to recover it but had not known the purchaser's name and address.

The Baker had not warned his staff that the cake was not for sale; he had not locked the cabinet and it was considered that he had not taken all reasonable care.

Accordingly, legal proceedings were instituted against the baker and a fine of £10 was imposed.

#### Cream Horn

A Cream Horn was found by a purchaser to be contaminated with mould. The baker in question had been the subject of previous complaints and legal proceedings were instituted. A fine of £10 was imposed.

#### Pork Pie

A pork pie purchased from a travelling shop was found to contain a fly well embedded in the meat of the pie.

Flies are not particular in their feeding habits and their presence in any food is a hazard to health. Accordingly, proceedings were instituted against the bakers and a fine of £2 was imposed.



### Sausages

A purchaser complained that he had been made ill by a piece of hard substance in a sausage. The purchaser had previously suffered from internal disorders and had been made ill by the substance in a way that a healthy person would not. Examination showed that it was "Keratin" which is a horny type of material found in such places as pigs hooves. The manufacturers were interviewed with a view to proceedings possibly being instituted.

However, in the meantime, the purchaser had contacted his own Solicitor and had sought damages from the Company. Later, he informed me that he had been properly recompensed for what had happened and did not wish any further action to be taken. The manufacturers were cautioned.

### Bread

As a result of a complaint, it was found that two loaves of bread contained "iron rust and grease" and "fuse wire" respectively. Investigations revealed that the bread had almost certainly been contaminated during electrical repairs at the bakery. However, as the complainant did not wish any further action to be taken and the bakery have impressed the need for greater care upon their maintenance staff, a caution was issued. This was a bad case of carelessness but in view of the complainants wishes the matter was dealt with by way of a caution.

A second case concerned a loaf which was found to have a dead fly embedded in the crust. Enquiries showed that it had in all probability fallen into the dough after spraying against flies had taken place in the bakehouse. The purchaser did not wish any further action to be taken and a caution was issued. Here one has a certain sympathy with the baker in that his precautions precipitated the trouble. He has now arranged to cover all food before spraying.

### Pastries

A cake and an iced bun were both found to contain dead wasps. This is a regular hazard in the late summer and whilst objectionable is not especially hazardous to health since wasps do not feed on filth in the way that flies do. It is certainly objectionable from the purchasers point of view and to be avoided. The bakers were warned and told to improve their protective methods.

### Tinned Food

Two complaints were received concerning tinned food which had deteriorated due to a faulty seam on the can. Isolated cases of this sort are very difficult to prevent and after drawing the matter to the attention of the manufacturers concerned, no further action was taken. Millions of cans are consumed in this County each year; it is regrettable but inevitable that a tiny proportion of them will prove to be faulty.

### Advertising

A watchful eye is kept upon the advertising and labelling of food and, where they offend, action is taken to rectify the fault. The Television Advertising of a National Branded Food was changed as a result of representation made by the Department. However, as this sort of matter has not been before the Court it is not possible to discuss it in detail.

### CONCLUSION

Inevitably this Report deals with things that were wrong. This gives a false impression for one does not report upon the millions of articles of food which were faultless.

The food sold in the County continues to be free from adulteration.

I would like to record my thanks to the Clerk of the Council and his staff for their assistance and guidance in legal matters: particularly must I thank Dr. Nisbet, for his advice and support.

My thanks are also due to Dr. S. Greenburgh, Ph.D., B.Sc., F.R.I.C., M.P.S., the Public Analyst and the members of my own staff who carry out the field work with enthusiasm and I think considerable skill. The Health Committee always show an interest in our work that is much appreciated."





